

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008330

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2734

FILED MAR 15 1962

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN University City

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Hamilton Med CenterInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
1071 PennsylvaniaReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First MEYER

Middle

Last KOSLOV

4. DATE OF DEATH

Month 3-11-1962

Day Year

5. SEX  
male6. COLOR OR RACE  
white7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
Jan. 18829. AGE (last birthday)  
80IF UNDER 1 YEAR  
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Barber (retired)10b. KIND OF BUSINESS OR INDUSTRY  
Barber Shop11. BIRTHPLACE (City and state or country)  
USSR12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Isaac Koslov

13b. MOTHER'S MAIDEN NAME

Selma (unK)

14. NAME OF HUSBAND OR WIFE

Sarah S. Koslov

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, No, or unknown) (If yes, give war or dates of service)  
No16. SOCIAL SECURITY NO.  
[redacted]17. INFORMANT Address  
Martin S. Koslov 1071a Pennsylvania18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary embolus

INTERVAL BETWEEN ONSET AND DEATH  
Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

465x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1:5-52 to 3:11/62 and last saw him alive on 3/7/62  
Death occurred at 3:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. Norman Orsag M.D.

22b. ADDRESS

100 N. Euclid

22c. DATE SIGNED

3/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
removal

23b. DATE

3-12-1962

23c. NAME OF CEMETERY OR CREMATORY

B'Nai Amoona Cem.

23d. LOCATION (City, town, or county)

University City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Berger Memorial 4715 McPherson

25. DATE RECD. BY LOCAL REG.

MAR 12 1962

26. REGISTRAR'S SIGNATURE

Ed Smith, M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Embalmer J. D. Dierker*

Licensed Embalmer No. \_\_\_\_\_

3988

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.